

JAMES E. RISCH
Governor

State of Idaho
DEPARTMENT OF INSURANCE

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SHAD PRIEST
Acting Director

DISABILITY ADVERTISING CERTIFICATE OF COMPLIANCE
FOR CALENDAR YEAR 2005

I, _____ , _____
(Name) (Title)
of _____
(Name of Company)

hereby declare that to the best of my knowledge, information, and belief, the disability advertisements, including Medicare Supplement disability advertisements, which were disseminated by the above-named company during calendar year 2005 complied in all respects with IDAPA 18.01.24, Idaho Department of Insurance Rule No. 24, and the Insurance Laws of the State of Idaho as implemented and interpreted by Rule No. 24.

(Date)

(Signature of Officer)